

Los Angeles County Board of Supervisors

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First District

Mark Ridley-Thomas
Second District
Sheila Kuehl
Third District
Janice Hahn
Fourth District
Kathryn Barger
Fifth District

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Christina Ghaly, M.D. LA County Department of Health Services

Jon O' Brien LA County Fire Department

Erick H. Cheung, M.D. LA County EMS Commission

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Marcia Santini California Nurses Association

irnia nurses Association

Vacant Southern California Chapter of the American College of Surgeons

Stella Fogleman
Department of Public Health

Co-Chairs

Mason Matthews CEO - Health and Mental Health Services

Cathy Chidester
DHS/ LA County EMS Agency

COUNTY OF LOS ANGELES Measure B Advisory Board

10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670 (562) 347-1604 FAX (562) 941-5835 http://ems.dhs.lacounty.gov/

DATE: January 10, 2018 TIME: 2:00 – 4:00 PM

LOCATION: Los Angeles County EMS Agency

10100 Pioneer Blvd., EMSC Hearing Room - 1st Floor

Santa Fe Springs, CA 90670

The Measure B Advisory Board meetings are open to the public. You may address the Board on any agenda item before or during consideration of that item, and on other items of interest which are not on the agenda, but which are within the subject matter jurisdiction of the Board. Public comment is limited to three (3) minutes and may be extended by the Chair as time permits. NOTE: Please SIGN IN if you would like to address the Board.

REVISED AGENDA

1. INTRODUCTIONS/ANNOUNCEMENTS

2. HISTORY OF MEASURE B

- 2.1 Original Measure B Resolution
- 2.2 Annual Measure B Report (Fiscal Year 2016-17)
- 2.3 Measure B Distribution of Funds (Fiscal Year 2016-17)

3. MEASURE B ADVISORY BOARD

- 3.1 Board Motion
- 3.2 Brown Act Committee

4. BUSINESS

- 4.1 By-laws (Draft)
- 4.2 Mechanism to Assess System and Take Requests/Input
- 4.3 Communications/Web Access
- 4.4 Future Meeting Schedule and Agendas

5. ADJOURNMENT

ATTACHMENT I

RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF LOS ANGELES PROVIDING FOR AND GIVING NOTICE OF A SPECIAL TAX ELECTION TO BE HELD IN THE COUNTY OF LOS ANGELES ON NOVEMBER 5, 2002, AND CONSOLIDATING THE SPECIAL TAX ELECTION WITH OTHER ELECTIONS TO BE HELD ON NOVEMBER 5, 2002

WHEREAS, the Board of Supervisors recognizes that it is necessary and desirable that the County of Los Angeles (the "County") levy a special tax within the County to provide funding for the Countywide System of Trauma Centers, Emergency Medical Services, and Bioterrorism Response; and

WHEREAS, the Board of Supervisors deems it necessary and essential to submit the question of a special tax to the qualified voters within the County at a special tax election to be held on November 5, 2002, and to consolidate such election with the other elections to be held on that date;

NOW, THEREFORE BE IT RESOLVED by the Board of Supervisors of the County of Los Angeles as follows:

Section 1. A special tax election shall be held and the same is hereby called and ordered to be held in the County on the 5th day of November, 2002, for the purpose of submitting to the voters of the County the question of a special tax to be levied by the County in the amounts and for the purposes hereinafter set forth.

Section 2. Commencing with Fiscal Year 2003-2004, an annual special tax to raise revenue to support the Countywide System of Trauma Centers, Emergency Medical Services, and Bioterrorism Response, is hereby imposed upon all improved parcels located within the County of Los Angeles. For the initial fiscal year, July 1, 2003 to June 30, 2004, the special tax shall be the sum of 3 cents per square foot of structural improvements, excluding the square footage of improvements used for parking. For each fiscal year after 2003-2004, the Board of

Supervisors shall by majority vote set the rate of the tax, which may be from \$0.00 to the highest amount authorized herein; however, in any fiscal year the rate may be set no higher than the amount of 3 cents per square foot, as adjusted by the cumulative increases, if any, to the medical component of the Western Urban Consumer Price Index from July 1, 2003, as established by the United States Bureau of Labor Statistics. If for any fiscal year the Board fails to set the rate, the tax shall continue at the same rate as the preceding year.

Section 3. As used in this resolution, the "Countywide System of Trauma Centers" refers to that System coordinated by the Department of Health Services, consisting of both public and privately operated resources, that seeks to build and sustain a Countywide system of prehospital and hospital trauma care including care provided in, or en route to, from, or between acute care hospitals, Trauma Centers, or other health care facilities. The funds raised by this tax will be used, in part, to maintain all aspects of the Countywide System of Trauma Centers; to expand the System to cover all areas of the County; to provide financial incentives to keep existing Trauma Centers within the System; to pay for the costs of Trauma Centers, including physician and other personnel costs; to defray administrative expenses related to the foregoing, including the payment of salaries and benefits of Department of Health Services personnel and other incidental expenses; and to recover the costs of the special election called pursuant to Section 1 hereof, and the reasonable costs incurred by the County in spreading, billing and collecting the special tax.

Section 4. As used in this resolution, the term "Trauma Center" refers to a hospital that maintains specialized equipment and a panel of physician specialists, including a trauma surgeon available 24 hours a day, 7 days a week to treat trauma patients. In the case of private hospitals, "Trauma Centers" are designated by the County and operate pursuant to a contract with the County. Trauma is a critical injury most often caused by a physical force, frequently the consequence of motor vehicle crashes, falls, drowning, gun shots, fires and burns, stabbing, or

blunt assault. Trauma is the leading cause of death in the first four decades of life, and the cost of maintaining a Trauma Center is often not fully reimbursed by insurance, even when a trauma patient has insurance.

Section 5. As used in this resolution, "Emergency Medical Services" refers to prehospital and hospital critical and urgent emergency care, including care provided in, or en route
to, from or between acute care hospitals or other health care facilities. It is observed that in the
1990s there has been a decline in the number of facilities available in the County which provide
Trauma Care or Emergency Medical Services, while at the same time the number of emergency
and critical visits has dramatically increased. In addition, there is a growing percentage of
emergency patients who are uninsured, such that emergency facilities are frequently
uncompensated for their services. Eighty percent of California licensed emergency departments
lost money during the 1998-99 fiscal year. These conditions have left many hospitals with no
alternative but to close the doors of their emergency departments. As emergency care is often
provided by the nearest available facility, such closures impact everyone in the County, whether
or not they are insured.

Section 6. The funds raised by this tax will be used, in part, to coordinate and maintain a countywide system of Emergency Medical Services; to pay for the costs of Emergency Medical Services, including physician and other personnel costs; to defray administrative expenses related to the foregoing, including the payment of salaries and benefits of Department of Health Services personnel and other incidental expenses; and to recover the costs of the special election called pursuant to Section 1 hereof, and the reasonable costs incurred by the County in spreading, billing and collecting the special tax.

Section 7. As used in this resolution, "Bioterrorism Response" refers to activities undertaken, directly or through contract, or coordinated by, the County Department of Health Services to address the medical needs of persons exposed to bioterrorist or chemical attack. The funds raised by this tax will be used, in part, to enable the stockpiling of safe and appropriate medicines to treat persons affected by a bioterrorist or chemical attack; to train healthcare workers and other emergency personnel in dealing with the medical needs of those exposed to a bioterrorist or chemical attack; to provide medical screenings and treatment for exposure to biological or chemical agents in the event of bioterrorist or chemical attack; to ensure the availability of mental health services in the event of terrorist attacks; to defray administrative expenses related to the foregoing including the payment of salaries and benefits of Department of Health Services personnel and other incidental expenses; and to recover the costs of the special election called pursuant to Section 1 hereof, and reasonable costs incurred by the County in spreading, billing and collecting the special tax.

Section 8. The Auditor-Controller of the County of Los Angeles shall create a new account into which the proceeds from the special tax authorized herein shall be deposited. The Auditor-Controller shall file a report with the County Board of Supervisors, by no later than January 1, 2005, and by January 1 of each year thereafter, stating the amount of funds collected and expended pursuant to this measure, and also the status of the projects required or authorized to be funded pursuant to sections 3, 6 and 7 herein.

Section 9. The Department of Health Services of the County of Los Angeles shall expend the revenues raised from this special tax only for the purposes identified in sections 3, 6 and 7 herein.

Section 10. The Treasurer and Tax Collector of the County of Los Angeles shall collect the special tax authorized herein, for the initial Fiscal Year 2003-2004 and for subsequent fiscal years, on the tax roll at the same time and in the same manner, and subject to the same penalties as the ad valorem property taxes fixed and collected by or on behalf of the County of Los Angeles.

Section 11. Insofar as feasible, all laws and procedures regarding exemptions, due dates, installment payments, corrections, cancellations, refunds, late payments, penalties, liens and collections for secured roll ad valorem property taxes shall be applicable to the collection of this special tax. The secured roll tax bills shall be the only notices required for any special tax levied. The Assessor shall establish and administer an appeals process to address and correct potential errors or inequities in the levy of the special tax authorized herein.

Section 12. The Proposition for the County to levy a special tax shall appear on the ballot substantially as follows:

-	PRESERVATION OF TRAUMA CENTERS AND EMERGENCY MEDICAL SERVICES;	YES
	BIOTERRORISM RESPONSE. To avoid the life-threatening shutdown of	NO
ı	Los Angeles County's trauma network, maintain	
ı	and expand the trauma network countywide,	
ı	ensure more timely response to critical and	
	urgent medical emergencies and respond	
ı	effectively to biological or chemical terrorism,	
ı	shall all property owners pay an annual tax of	95
Į	three cents per square foot of improvements (buildings) on developed property?	
į	(navames) on accorded brobetth;	

Section 13. The votes cast for and against the Proposition shall be separately counted and if the Proposition receives the required number of votes, two-thirds of the votes of the qualified electors voting on the Proposition, the special tax in the amounts and for the purposes stated herein shall be effective and levied by the County.

Section 14. All qualified voters residing within the County shall be permitted to vote in the election and in all particulars not recited in this resolution, the election shall be held as nearly as practicable in conformity with the Elections Code of the State of California.

Section 15. The special election called by this resolution shall be consolidated with the elections conducted by the Registrar-Recorder/County Clerk to be held in the County of

Los Angeles on November 5, 2002, and the Proposition shall be placed on the same ballot to the extent the elections are concurrent, and the same precincts, polling places, election officers and facilities shall be used for the elections.

Section 16. Based upon all of the facts before it on this matter, the Board of Supervisors finds that the submission of this question of a special tax to the voters is not subject to, or is exempt from, the California Environmental Quality Act (CEQA) on the independent grounds that:

A. It is not a project as defined by 14 California Code of Regulations Section 15378 (b)(3) relating to ballot measures submitted to a vote of the people. The proposal for a special tax is required by law to be submitted to a vote as set out in this Resolution.

B. It is not a project as defined by 14 California Code of Regulations Section 15378

(b)(4) relating to the creation of government funding mechanisms which do not involve commitment to any specific project which may result in a potentially significant physical impact on the environment.

Further, the Board finds that the submission of this question to the voters also would be exempt from CEQA, if it were a project, on the independent basis of the following exemptions:

A. It is exempt based upon Public Resources Code Section 21080 (b)(8) and 14

California Code of Regulations Section 15273 (a) because the Board of Supervisors finds as specifically set out in this Resolution, that the special tax is for the purpose of (A) meeting operating expenses, including employee wage rates and fringe benefits, (B) purchasing or leasing supplies, equipment or materials, (C) meeting financial reserve needs and requirements, and (D) obtaining funds for capital projects necessary to maintain service within existing service areas;

B. It is exempt based upon 14 California Code of Regulations Section 15301 relating

to the operation and minor alteration of existing public or private structures with a negligible expansion of an existing use;

C. It is exempt based upon 14 California Code of Regulations Section 15061 (b)(3) which provides the general rule that CEQA applies only to projects which have the potential for causing a significant effect on the environment, and it can be seen with certainty that there is no possibility that the submission of this question to the voters will have a significant effect on the environment.

The foregoing resolution was on the 30Th day of July, 2002, adopted by the Board of Supervisors of the County of Los Angeles and ex-officio the governing body of all other special assessment and taxing districts, agencies and authorities for which said Board so acts.

VIOLET VARONA-LUKENS, Executive Officer-Clerk of the Board of Supervisors of the County of Los Angeles

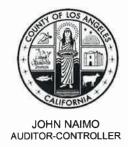
Deputy

APPROVED AS TO FORM:

LLOYD-W-PELLMAN

County Counsel

Denuty



COUNTY OF LOS ANGELES DEPARTMENT OF AUDITOR-CONTROLLER

KENNETH HAHN HALL OF ADMINISTRATION 500 WEST TEMPLE STREET, ROOM 525 LOS ANGELES, CALIFORNIA 90012-3873 PHONE: (213) 974-8301 FAX: (213) 626-5427

December 20, 2017

TO:

Supervisor Sheila Kuehl, Chair

Supervisor Hilda L. Solis

Supervisor Mark Ridley-Thomas

Supervisor Janice Hahn Supervisor Kathryn Barger

FROM:

John Naimo

Auditor-Controller

SUBJECT:

MEASURE B SPECIAL TAX REVENUE FUND FOR TRAUMA CENTERS,

EMERGENCY MEDICAL SERVICES, AND BIOTERRORISM RESPONSE

Section 8 of the Los Angeles County Board of Supervisors Measure B Resolution requires the County Auditor-Controller to file an annual statement of financial activity with your Board no later than January 1st of each year. Accordingly, Attachment I reflects the Statement of Financial Activity for the Health Services Measure B Special Tax Fund for the Fiscal Year (FY) ended June 30, 2017. The Statement includes a summary of the amount of funds collected and expended pursuant to Measure B.

Section 8 also requires a status of projects required or authorized to be funded pursuant to Sections 3, 6, and 7 of the Resolution. Accordingly, Attachment II presents the Status of Measure B Projects for FY 2016-17 as provided by the Department of Health Services (DHS).

If you have any questions related to the Statement of Financial Activity, please contact me, or your staff may contact Rachelle Anema at (213) 974-8327. Questions related to the Status of Measure B Projects may be directed to Manal Dudar of DHS at (213) 240-7875.

JN:AB:CY:JG:RA:cd

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Attachments

c: Sachi A. Hamai, Chief Executive Officer
 Lori Glasgow, Executive Officer, Board of Supervisors
 Christina R. Ghaly, M.D., Acting Director, Department of Health Services
 Jeffrey Prang, Assessor
 Joseph Kelly, Treasurer and Tax Collector

Revenues: Voter Approved Special Taxes Penalties, Interest, and Costs - Delinquent Taxes Interest Earnings Net Prior Year Refunds - Non-County Hospitals Total Revenues			\$ 273,397,831 972,764 1,215,759 336,117 (a) \$ 275,922,471
Current Year Expenditures:			
Services and Supplies:			
Non-County Trauma Hospitals (Direct Payment)			
Trauma Center Services Agreement (TCSA)			
Antelope Valley Hospital		\$ 4,150,520	
Ronald Reagan UCLA Medical Center		4,077,196 \$ 8,227,716	
Total Non-County Public Trauma Hospitals		\$ 0,227,710	
Enhanced Trauma Access			
County Fire Department - East SGV Paramedic Air Squad		\$ 638,289	
Sheriff's Department - Air Search and Rescue		1,226,000	
City of Los Angeles Fire Dept Trauma Air Transport		330,872	
Total Enhanced Trauma Access		2,195,161	
Physicians Services for Indigent Program (PSIP)			
PSIP - Trauma		\$ 419,849	
PSIP - Trauma Accrual to be paid in FY 2017-18		1,666,631 ^(b)	
PSIP - Emergency Room at St. Francis Medical Center		137,090	
PSIP - Emergency Room Accrual to be paid in FY 2017-18		420,887_ ^(b)	
Total PSIP		2,644,457	
Auditor-Controller Services		766,190	
Total Services and Supplies			\$ 13,833,524
0.1. 0.1. 0.1. 0.1.			
Other Charges - Intergovernmental Transfers (IGT):		\$ 16,601,133	(c)
IGT for non-County Trauma Hospitals - FY 2016-17 (TCSA)		\$ 16,601,133	Э.
Total Other Charges			\$ 16,601,133
Other Financing Uses - Operating Transfers Out:			
County Hospitals:			
LAC+USC Medical Center		\$ 122,384,000	
Harbor-UCLA Medical Center		50,373,000	
Olive View-UCLA Medical Center		35,765,000	
Total County Hospitals		208,522,000	
Public Health:			
Bioterrorism			
Salaries & Employee Expenses	\$ 7,792,433		
Other Operating Expenses	2,069,567		
. •		\$ 9,862,000	
Trauma Prevention Initiative			
Salaries & Employee Expenses	\$ 167,109		
Other Operating Expenses	363,788		
		530,897	
Total Public Health		10,392,897	

Emergency Medical Services Salaries & Employee Expenses Other Operating Expenses Total Emergency Medical Services Total Other Financing Uses - Operating Transfers Out	\$ 1,635,064 998,167 (d) \$ 2,633,231 \$ 221,548,128
Total Fiscal Year 2016-17 Expenditures	\$ 251,982,785
Prior Year Expenditures: Non-County Trauma Hospitals (FY 2015-16 Direct Payments) FY 2015-16 IGT for non-County Trauma Hospitals Final Payment Enhanced Trauma Access - City of Los Angeles Fire Dept. electronic Patient Care Record for Pre-Hospital Providers PSIP (Claims Date of Service (DOS) in FY 2014-15 and DOS in FY 2015-16) Pomona Valley Hospital Medical Center - Pre-Trauma Center Designation Services Total Prior Year Expenditures:	\$ 8,028,001 32,155,000 28,370 1,378 (1,076,903) (e) 4,310,639
Grand Total Expenditures	\$ 295,429,270
Deficiency of Revenue Over Expenditures	(19,506,799)
Less: Contractual Obligations Prior Year Commitments Rolled Over to FY 2016-17 Commitments Outstanding as of Fiscal Year End Net Change in Contractual Obligations	\$ 5,700,919 (17,281,279) (f) (11,580,360)
Net Change in Fund Balance	\$ (31,087,159)
Available Fund Balance, July 1, 2016	50,993,911
Available Fund Balance, June 30, 2017	\$ 19,906,752 ^(g)

FOOTNOTES:

- (a) Refunds received in FY 2016-17 after third-party payers were identified by the non-County hospitals.
- (b) Includes PSIP accruals for estimated pending DOS in FY 2016-17 claims to be received in FY 2017-18.
- (c) Represents initial FY 2016-17 IGT to the State of California to draw down federal matching funds for payment to non-County hospitals. Final IGT payment will be paid in FY 2017-18. Refer to footnote (f) below.
- (d) Includes the following: (1) \$927,957 payments for Trauma & Emergency Medicine Information System (TEMIS) to Lancet Technology, Inc. for application software and support services; and (2) \$70,211 for Services and Supplies and Trauma Surveys incurred by Emergency Medical Services Agency.
- $\ensuremath{^{(e)}}$ Reflects unspent funds for PSIP program years 2014-15 and 2015-16.
- (f) Includes the following: (1) \$27,128 for City of Los Angeles Fire Department; and (2) \$17,254,151 for TCSA estimated final FY 2016-17 IGT to the State of California.
- (9) The fund balance will be used to pay for one-time and ongoing programs that have rolled over to FY 2017-18 and to support Pomona Valley Hospital Medical Center in FY 2017-18 and for future years.

Prepared By:
Los Angeles County
Department of Auditor-Controller, Accounting Division
Department of Health Services

COUNTYWIDE SYSTEM OF TRAUMA CENTERS: \$208.5 million allocated to County hospitals; \$42.0 million allocated to non-County hospitals

County Hospitals

A total of \$208.5 million in budgeted Measure B funds was allocated for trauma and emergency care services provided by the three County hospitals to eligible indigent patients as follows:

LAC+USC Medical Center	\$122.4 million
Harbor-UCLA Medical Center	50.4 million
Olive View-UCLA Medical Center	35.7 million
Total	\$208.5 million

<u>Status</u>: FY 2016-17 funds were distributed to the three County Facilities based on actual unreimbursed costs at each hospital. On average, Measure B funding covered about 74.4% of the total unreimbursed trauma and emergency costs for the Department of Health Services (DHS).

LAC+USC Medical Center	\$122.4 million
Harbor-UCLA Medical Center	50.4 million
Olive View-UCLA Medical Center	35.7 million
Total	\$208.5 million

Non-County Hospitals

DHS extended the Trauma Center Services Agreement (TCSA) with 12 non-County hospitals with no payment terms for another year ending on June 30, 2017. On May 16, 2017, the Board of Supervisors approved the FY 2016-17 funding methodology for the allocation of 13 non-County trauma hospitals, including Pomona Valley Hospital Medical Center (PVMC) as a new trauma center. PVMC received its trauma designation effective March 1, 2017, and has agreed to the FY 2016-17 allocation of trauma payments based on actual data for the period of March 1 through June 30, 2017, up to \$3.0 million.

Measure B funds totaling \$42.08 million were allocated for payments to 13 non-County trauma hospitals under the TCSA, which includes the \$3.0 million estimated to be paid to PVMC. Of this amount, approximately \$33.85 million would be used as an intergovernmental transfer (IGT) to send to the California Department of Health Care Services (CDHCS) to draw down an additional \$33.85 million of federal matching funds. CDHCS will issue Supplemental Medi-Cal Payments totaling \$67.70 million to 11 non-County trauma hospitals. DHS also made direct payments to Antelope Valley Hospital (AVH) and Ronald Reagan UCLA Medical Center (UCLA) totaling \$8.23 million. As public hospitals, AVH and UCLA participate in a program

that precludes them from receiving these Medi-Cal matching funds.

Status: In accordance with the State Plan Amendment (SPA) on enhanced Medi-Cal payments to non-County trauma hospitals (approved by the federal Centers for Medicare and Medicaid Services on March 31, 2005 and retroactive to July 1, 2003), and the agreement between CDHCS and the County, the initial payment of \$16.6 million for FY 2016-17 trauma center services was remitted in May 2017 as an IGT to CDHCS to draw down an additional \$16.6 million of federal matching funds to 11 non-County trauma hospitals, including PVMC for the period from March to June 2017 for which it was eligible, based on the applicable Federal Medical Assistance Percentage (FMAP) rate of 50%. In addition to the IGT, direct payments of \$4.1 million each to AVH and UCLA were issued for FY 2016-17 trauma center services.

Balance: At the close of FY 2016-17, \$17.3 million remained in the encumbrance to be used for the final IGT to CDHCS in FY 2017-18 to draw down up to an additional \$17.3 million of federal matching funds. In October 2017, the final payment of \$16.2 million for FY 2016-17 trauma center services was remitted as an IGT to CDHCS to draw down \$16.2 million in federal matching funds for 10 non-County trauma hospitals, excluding PVMC. The County is working with CDHCS to process the final payment for PVMC upon receiving their actual data.

PHYSICIAN SERVICES FOR INDIGENTS PROGRAM: \$5.3 million allocated

The FY 2016-17 Board Adopted Final Budget included an allocation of \$5.3 million from Measure B revenues to fund non-County physician trauma services provided to eligible indigent patients within Los Angeles County, and non-County physician emergency services provided to eligible indigent patients at St. Francis Medical Center.

The status of these projects is as follows:

<u>Status</u>: At the close of FY 2016-17, payments totaling \$0.56 million were issued to non-County physicians for trauma and emergency services, and \$2.08 million was established as accrued liabilities for pending trauma and emergency claims.

<u>Balance</u>: \$2.6 million was unexpended and unencumbered, and remained in the Measure B fund.

TRAUMA ACCESS EXPANSION TO UNDERSERVED AREAS: \$4.4 million allocated

The FY 2016-17 Board Approved Adjusted Budget included \$4.4 million for expanded access to trauma services in order to maintain the infrastructure and facilitate the air rapid transport of trauma patients in the Antelope Valley, East San Gabriel Valley, San Fernando Valley, and Malibu. Air transport of trauma patients is sometimes necessary in these areas due to distance, traffic, weather conditions, etc. The budgeted funds were allocated as follows:

LA County Fire Dept. – Paramedic Air Squad in E. San Gabriel Valley	\$0.6 million
LA County Sheriff's Dept. – Air Search and Rescue in Antelope Valley	1.2 million
LA City Fire Dept. – Trauma Air Transport in San Fernando Valley	0.4 million
Unallocated	2.2 million
Total	\$4.4 million

The status of these projects is as follows:

<u>Aircraft Transport Capabilities</u> – A total of \$2.2 million was allocated for funding to the Los Angeles County Fire Department, the Los Angeles County Sheriff's Department, and the City of Los Angeles Fire Department for providing expanded trauma and paramedic air transport services to patients for timely access to trauma care.

Status: A total of \$2.2 million was transferred from the Measure B fund to the following departments: the Los Angeles County Fire Department for expanding the delivery of paramedic air squad services to East San Gabriel Valley, \$0.6 million; the Los Angeles County Sheriff's Department for staffing and operational costs related to air search and rescue services in the Antelope Valley, \$1.2 million; the City of Los Angeles Fire Department for providing trauma air transport services in the San Fernando Valley and surrounding communities, \$0.4 million.

<u>Balance</u>: At the close of FY 2016-17, an encumbrance balance of \$0.03 million remained in the Measure B fund for the City of Los Angeles Fire Department. This amount was canceled in December 2017.

<u>Unallocated</u>: \$2.2 million was unexpended and unencumbered, and remained in the Measure B fund.

BIOTERRORISM RESPONSE: \$9.9 million allocated

The FY 2016-17 Board Adopted Final Budget included an allocation of \$9.9 million to support the County's Public Health programs for bioterrorism preparedness activities and addressing the medical needs of people exposed to bioterrorist or chemical attacks.

<u>Status</u>: A total of \$9.9 million was transferred to the Department of Public Health (DPH) to cover the following actual costs incurred for the bioterrorism preparedness activities: salaries and benefits, \$7.8 million; equipment, supplies and expenses, \$2.1 million.

Balance: None.

TRAUMA PREVENTION PROGRAM: \$1.1 million allocated

The Board motion dated December 8, 2015, directed DHS to develop and implement a trauma prevention initiative (TPI) in regions of the County that experience a disproportionately high burden of trauma. EMS updated its Trauma Plan with the State to include an enhanced trauma prevention program, and work began with DPH to develop and implement trauma prevention activities to be allocated annually by an increase in Measure B revenues up to \$0.7 million.

The FY 2016-17 Board Adopted Final Budget included an allocation of \$1.1 million, which included the annual allocation of \$0.7 million and FY 2015-16 unspent rollover of \$0.4 million to support the County's Public Health programs for trauma prevention activities.

<u>Status</u>: A total of \$0.5 million was transferred to DPH to cover the actual costs incurred for the trauma prevention activities.

<u>Balance</u>: \$0.6 million was requested by DPH to roll over and included in the FY 2017-18 Adopted Final Budget.

ALLOCATION OF UNSPENT MEASURE B FUNDS TO VARIOUS DPH PROGRAMS: \$4.8 million allocated

On May 2, 2017, the Board approved the allocation of unspent and unallocated Measure B funds identified by the DHS in FY 2016-17 to DPH for the one-time purchase of equipment and supplies for a variety of field-based emergency response situations that relate to terrorism or possible terrorism (biological, chemical, and nuclear). The Board also approved an allocation of Measure B funds to fund the following programs annually: \$1.3 million for Trauma Prevention Initiative expansion beginning FY 2017-18; \$0.4 million for risk communications; \$0.5 million for overtime costs of Environmental Health Strike Team

members in response to possible terrorism events; and approved rollover of any unspent funds to future fiscal years to fund DPH.

<u>Status</u>: Due to a late start of the DPH's projects at the end of the fiscal year, no expenditure was incurred as of June 30, 2017.

<u>Balance</u>: \$3.9 million was requested to roll over and included in the FY 2017-18 Adopted Final Budget to allow DPH to spend the one-time funding to purchase equipment and supplies.

EMERGENCY MEDICAL SERVICES AGENCY (EMS): \$2.6 million allocated

The FY 2016-17 Board Adopted Final Budget included an allocation of \$2.6 million for the following: (1) \$1.7 million to support the County's Emergency Medical Services (EMS) Agency for the administration and coordination of trauma and emergency services related to pre-hospital and hospital emergency care, including the care provided in, en route to, from or between acute care hospitals and other health care facilities; and (2) \$0.9 million was approved by the Board on June 6, 2017, to support the EMS Agency to cover the cost of the agreement with Lancet Technologies, LLC for the maintenance and support of the EMS Agency's Trauma and Emergency Medicine Information System (TEMIS) in FY 2016-17 to ensure the ongoing timely access to EMS system data in order to quickly evaluate the system's operation and make informed decisions related to the delivery of EMS.

Status: A total of \$2.6 million was transferred to the County's EMS Agency to cover the actual costs incurred for the administration and coordination of trauma services: salaries and benefits, \$1.6 million; equipment and supplies, \$1.0 million.

Balance: None.

ALLOCATION OF UNSPENT MEASURE B FUNDS TO EMS AGENCY: \$2.5 million allocated

On March 8, 2017, the Board approved the allocation of \$2.5 million of the unspent and unallocated Measure B funds identified by DHS in FY 2016-17 for reimbursement of allowable start-up costs incurred for the first hospital that attains Level 1 Trauma Center designation in or adjacent to Service Planning Area 6 by December 31, 2018, and roll over the unspent funds to future fiscal years to potentially fund a future Memorandum of Agreement (MOA). This amount was not included in the FY 2016-17 Adopted Final Budget.

Status: At the close of FY 2016-17, no expenditure was incurred.

<u>Balance</u>: \$2.5 million was requested and included in the FY 2017-18 Adopted Budget.

ADMINISTRATIVE COSTS: \$0.8 million allocated

The FY 2016-17 Board Adopted Final Budget included an allocation of \$0.8 million to cover the administrative costs incurred pertaining to the assessment, collection and accounting services for the Measure B Special Tax revenues.

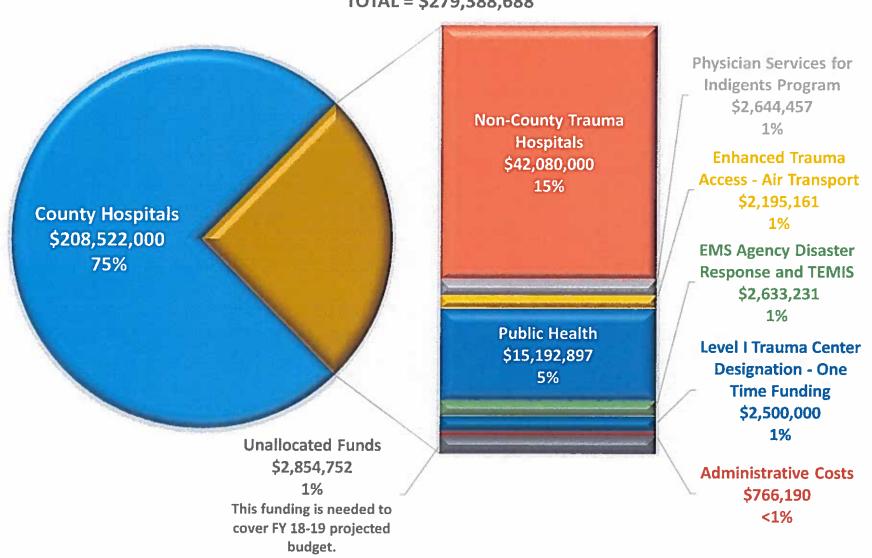
<u>Status</u>: Approximately \$0.8 million was transferred to the Auditor-Controller to cover the service costs for placement of direct assessments on secured tax roll and distribution of collections.

Balance: None.

Prepared By: Los Angeles County Department of Health Services Fiscal Services – Special Funds December 8, 2017

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES AGENCY

MEASURE B DISTRIBUTION OF FUNDS FISCAL YEAR 2016-17 TOTAL = \$279,388,688



Prepared by DHS/EMS December 18, 2017

AGN, NO. 12

MOTION BY SUPERVISORS KATHRYN BARGER AND JANICE HAHN

May 2, 2017

Amendment to Item 12: Measure B Advisory Task Force

In 2002, the voters passed Measure B; a parcel tax on property in Los Angeles County in order to support the County hospitals which were facing over a \$700 million loss in Federal funds, and to support trauma and emergency services, as well as bioterrorism preparedness activities for County residents.

The original funding calculation for the private and other non-County trauma centers was based on the volume of trauma-related care provided to uninsured patients as part of a Trauma Center Services Agreement (TCS Agreement) between the County and each individual trauma hospital. In addition, reimbursement payments are also granted to trauma hospitals for the costs associated with their services as a base hospital in the Emergency Medical System.

However, due to the implementation of the Affordable Care Act (ACA) the number of uninsured patients decreased significantly, thus resulting in a shortage of claims and the inability to pay out Measure B funds.

Subsequently, the Board approved a one-year TCS Agreement for FY 2014-15 that allocated the funds based on historical distributions. For FY 2015-16 the Department of Health Services approached the Board with a proposal to revise the allocation methodology, and it was ultimately referred back to the Department for further development.

Since then, the Department of Health Services has been working closely with the non-County trauma hospitals to reach consensus on an approach to better allocate Measure B funds.

---MORE ---

	MOTION	
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Kuehl		
Hahn		
Barger		
Ridley-Thomas		

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In the meantime, some Measure B funds have gone unallocated. As of October 2016, the balance of unspent Measure B funds for cumulative one-time allocation exceeded \$10 million and unspent Measure B funds available on an ongoing basis was estimated to be somewhere between \$14.4 Million – \$19.4 Million.

It is abundantly clear that we need to revisit the Measure B funding allocation method. We must ensure that trauma centers are receiving the resources that they need to provide crucial trauma care to our County residents. It is our duty to ensure that these funds are being disbursed in a responsible and proactive manner that best serves our County residents.

To that end, the County should consider the feasibility of establishing a County advisory body to regularly update the Board on steps taken to establish a funding methodology that best meets the needs of the community and the service providers.

WE, THEREFORE, MOVE that the Board of Supervisors direct the Chief Executive Office, working in conjunction with the Department of Health Services to report back in two weeks with the following:

- A countywide strategy for an objective, needs-based allocation of future unallocated Measure B funds which will ensure the maximum impact on County residents; and
- 2. The feasibility of establishing a County advisory body for future unallocated Measure B Funds. The purpose of the advisory body will be to improve accountability and transparency in the allocation process for future unallocated funds. The advisory body shall consist of, but not limited to, the Chief Executive Office, Department of Health Services, Emergency Medical Services Agency, Department of Public Health and other external stakeholders, at the discretion of CEO.

#

KB:css:em Measure B Advisory Task Force

AGN.	NO.

MOTION BY SUPERVISORS KATHRYN BARGER AND JANICE HAHN

JULY 11, 2017

Revised: Measure B Advisory Board

On May 2, 2017, Supervisor Barger and Supervisor Hahn presented a joint motion to instruct the Chief Executive Officer (CEO), in conjunction with the Director of Health Services (DHS), to report back to the Board with a Countywide strategy for an objective, needs-based allocation of future unallocated Measure B funds which will ensure the maximum impact on County residents, and the feasibility of establishing a County advisory body for future unallocated Measure B Funds, to improve accountability and transparency in the allocation process for future unallocated funds, consisting of, but not limited to, the CEO, DHS, Emergency Medical Services Agency, Department of Public Health, and other external stakeholders, at the discretion of the Chief Executive Officer.

The CEO, in conjunction with DHS, issued a report back to the Board on July 3, 2017, recommending the creation of the Measure B Advisory Board (MBAB).

WE, THEREFORE, MOVE that the Board of Supervisors adopt the recommendations in the July 3, 2017 report but also add to the Measure B Advisory Board an Emergency Room nurse as appointed by the California Nurses Association and direct the CEO to implement the MBAB to advise the Board on options and/or recommendations for spending unallocated Measure B funds.

KB:css

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RIDLEY-THOMAS	

BYLAWS OF

COUNTY OF LOS ANGELES · Measure B Advisory Board

ARTICLE I – NAME OF ORGANIZATION

The name of this organization shall be the Los Angeles (LA) County Measure B Advisory Board (MBAB).

ARTICLE II – PURPOSE AND FUNCTION

Section 1: As directed by the July 11, 2017 Board of Supervisor's (Board) Motion, the MBAB will provide advice to the Board on options and/or recommendation for spending future unallocated funds generated from the special tax on the structural improvements located within the County, known as Measure B, passed by the voters in November 2002.

Section 2: The MBAB will draft a set up options to be shared publicly at least two weeks prior to a final document being sent to the Board. The actual allocation of unallocated Measure B funding will be at the sole discretion of the Board and contingent upon Board approval.

ARTICLE III - REPRESENTATION AND MEMBERSHIP

Section 1: As defined in the July 3, 2017 report back to the Board from the Chief Executive Office and approved by the Board on July 11, 2017.

Co-chair: Chief Executive Office, Health and Mental Health Services

Co-chair: LA County Emergency Medical Services Agency

- Member: LA County Auditor-Controller

Member: LA County Department of Health Services

Member: LA County Department of Public Health

Member: LA County Fire Department

- Member: Representative of the non-county designated trauma

hospitals, as appointed by the Hospital Association of

Southern California

Member: Chair (or designee) of the LA County Emergency Medical

Services Commission

Member: Surgeon practicing at a designated trauma hospital in the

County as appointed by the Southern California Chapter of

the American College of Surgeons

- Member: Registered Nurse practicing in an emergency department of

a designated trauma hospital in the County appointed by the

California Nurses Association

Section 3: Staffing - The Co-chairs shall appoint staff to serve as the administrative assistant to the committee.

Section 4: Member Attendance and Termination - Committee members with two (2) unexcused absences, in any fiscal year, shall be sent a letter of inquiry of their interest in continued committee participation, with a copy sent to their designating entity.

- Any member who does not reply to the letter of inquiry, within 30 days, will be considered no longer interested in participating on the MBAB and will be removed from the committee.
- A written request for member replacement will be sent to the designating entity

Section 5: Member Resignation - Resignations must be submitted in writing to the committee chair and copied to the designating entity at least 30 days prior to the resignation effective date.

Section 6: Member Vacancies - Vacancies shall be filled, as soon as possible, by the co-chairs submitting a written request for designation of a representative to the appropriate entity.

ARTICLE IV - MEETINGS OF MEMBERS

Section 1: Regular meetings: Regular meetings of the members shall be scheduled on a quarterly basis, or more frequently, as the need arises, at a time and place designated by the co-chairs. MBAB meetings are conducted in compliance with the Brown Act and according to Robert's Rules of Order.

Section 2: Notice of Meetings: Meeting Agenda's must be posted 72 hours in advance of the meeting in compliance with the Brown Act.

Section 3: Quorum: A quorum of the committee is met when a majority of the appointed members, excluding the chairs, are present. For the MBAB a quorum is met when five (5) or more members are present.

ARTICLE V - TENURE

Section 1: Members shall serve at the will of the designating entity.

ARTICLE VI – DUTIES

Section 1: The MBAB shall be staff by two (2) co-chairs and one (1) administrative assistant. Only one (1) of the co-chairs needs to be present to hold a meeting.

Chairperson's Duties:

- Preside over all meetings by:
 - Calling the meeting to order at the scheduled time.
 - Verifying the presence of a quorum.
 - "Processing" all motions including (stating the motion prior to discussion,
 restating the motion just prior to the vote, and announcing the result of the

- vote, specifying who voted in favor, who voted against, and any abstentions and recusals).
- Facilitating meetings by staying on track and adhering to time constraints.
- Conducting the meeting in a fair and equitable manner.
- Restraining the members when engaged in debate, within the rules of order to enforce the observance of order and decorum among the members.
- Maintaining neutrality to facilitate debate.
- Ensuring the work of the MBAB is consistent with its intended purpose and mission.
- Be familiar with and conduct the meetings according to Robert's Rules of Order and in Compliance with the Brown Act.
- Provide information on the amount of unallocated Measure B funds available to be considered by the MBAB.
- Provide information on the state of emergency medical services, trauma services, and bioterrorism preparedness in the County.

Administrative Assistant Duties:

- Prepare and post meeting agenda.
- Document meeting attendance of the Committee.
- Document meeting activities, decisions, coordinate public comment and presentations.
- Record minutes of the meetings.
- Draft other correspondence as delegated by the chairpersons.
- Draft the annual report, which contains the MBAB recommendations and final options for use of the unallocated Measure B funds, for submission to the Board.

Section 2: The duties of the MBAB members are to act in an advisory capacity to the Board regarding the use of unallocated Measure B funds.

Members Duties:

- Review documents and data and receive presentations related to the use of Measure B funds and the state of emergency medical services, trauma services, and bioterrorism preparedness in the County.
- Address issues and evaluate trends and data on important indicators of the health of the system, determine unmet needs within the County's system of care.
- Utilize information from the meetings to participate in the preparation a report for the Board which provides recommendations and options for the use of the unallocated Measure B funds.

CERTIFICATION

These bylaws were approved at a meeting	of the MBAB members on xx-xx-2017:
Chairperson	Date
Chairperson	Date

MEASURE B ADVISORY BOARD 10100 Pioneer Boulevard, Suite 200 Santa Fe Springs, CA 90670 Attention: Cathy Chidester

Measure B Funding Proposal

Requesting Agenc	y Name:		_
Point of Contact N	ame:		_
Point of Contact Pl	hone:		_
Point of Contact er	mail:		_
Brief Project Descr	ription:		
Describe the gap in Medical Services, or Bioterrorism Prethe requested fund	Trauma Services eparedness that		
Amount of Funding	g Requested:	\$	
Is project scalable, fund entire cost?	, if unable to	☐ Yes ☐ No If scalable, what is the minimal amount of fundin support the project? \$	g needed to
Is this request for o	one time		
MBAB Decision:		included in recommendation to the Board be included in recommendation to the Board	Date